STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

OCT 24 2017

PLEASE PRINT

NEW HAMPSHIRE

72 North Main St. Suite 3 Business Address: (Street) (603 228.1498 (Telephone) III. This statement covers: (Choreportable expense transactions All reportable transactions occ (Full Name OR All reportable transactions by the unrelated to any particular client.	rasol, Inc ship, firm or corporation) 301	NH (State) e-mail james ax) orts for each client, OR you e to any one client). o the reporting date relative	
(Name of partners 72 North Main St. Suite 3 Business Address: (Street) (603 228.1498 (Telephone) III. This statement covers: (Choreportable expense transactions All reportable transactions occ (Full Name OR All reportable transactions by the unrelated to any particular client.	Ship, firm or corporation) 301	e-mail james e-mail james orts for each client, OR you e to any one client). o the reporting date relative	(Zip Code) s.demers@demers-blaisdell.com u may file a separate report for
Business Address: (Street) (603 228.1498 (Telephone) III. This statement covers: (Choreportable expense transactions All reportable transactions occ (Full Name OR All reportable transactions by the unrelated to any particular client.	Concord (Town/City) (Factors on e - file separate rep which are not attributable turring in the months prior to form of Client as it appears on the left of Client as it appears on the Client as it appears of	e-mail james e-mail james orts for each client, OR you e to any one client). o the reporting date relative	(Zip Code) s.demers@demers-blaisdell.com u may file a separate report for
Business Address: (Street) (603 228.1498 (Telephone) III. This statement covers: (Choreportable expense transactions All reportable transactions occ (Full Name OR All reportable transactions by the unrelated to any particular client.	(Town/City) (Factors one – file separate rep which are not attributable turring in the months prior to form of Client as it appears on the left of the control of the cont	e-mail james e-mail james orts for each client, OR you e to any one client). o the reporting date relative	(Zip Code) s.demers@demers-blaisdell.com u may file a separate report for
(603 228.1498 (Telephone) III. This statement covers: (Choreportable expense transactions All reportable transactions occ (Full Name OR All reportable transactions by the unrelated to any particular client.	(Factorial of Client as it appears on the l	e-mail james orts for each client, OR you e to any one client). o the reporting date relative	s.demers@demers-blaisdell.com
(Telephone) III. This statement covers: (Chooreportable expense transactions All reportable transactions occ (Full Name OR All reportable transactions by the unrelated to any particular client.	ose one – file separate rep which are not attributable urring in the months prior t of Client as it appears on the l	orts for each client, OR you e to any one client). o the reporting date relative	u may file a separate report for
III. This statement covers: (Chooreportable expense transactions All reportable transactions occ (Full Name OR All reportable transactions by the unrelated to any particular client.	ose one – file separate rep which are not attributable urring in the months prior t of Client as it appears on the l	orts for each client, OR you e to any one client). o the reporting date relative	
☐ All reportable transactions occ (Full Name OR ☐ All reportable transactions by the unrelated to any particular client.	which are not attributable urring in the months prior to of Client as it appears on the l	e to any one client). o the reporting date relative	
OR ☐ All reportable transactions by the unrelated to any particular client.		Lobbyist Registration Form)	
	ar area y isa (iii araanig tii a it	obbyist's family), or the lobb	oying firm listed below which are
IV Data of Danasia A 2100			
	2017 (Construction to 3/31/17)	July 26, 2017 activity from 4/1/17 to 6/3	
	25, 2017 🛱 7/1/17 to 9/30/17	January 31, 2018 activity from 10/1/17 to 1	
V. There have been no fees re If this box is checked, complete just Concord, NH 03301.	ceived and no reportab t this form and submit it to	le transactions made sine the Secretary of State's Office	ce the last report. [.] ce, State House, Room 204,
VI. Check if additional reports a	re attached:		
If you have received fees or m		file Addendum A- Fees an	d Expenses
☐ If you have paid an honorarium Expense Reimbursement	n or reimbursed expenses, y	you must file Addendum B-	- Report of Honorariums or
If you, your firm, or your fami	ly has made political contri	butions, you must file Adde	ndum C- Political Contributions
Sworn Statement/Affirmation by I have read RSA 15, RSA 15-B, RS and complete to the best of my kno (Signature of lobbyist)	SA 14-C and RSA 664 and	,	the foregoing information is true

R

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses

Addendum A

RECEIVED

(RSA Chapter 15:6)

OCT 24 2017

I. Name of Lobbyist(s) James Demers, Robert Blaisdell, Tom F	Prasol NEW HAMPSHIRE DEPARTMENT OF STA
II. Name of lobbyist's partnership, firm or corporation, if any:	
Demers, Blaisdell & Prasol, Inc	
(Name of partnership, firm or corporation)	
III. Name of Client Eversource	Date 10/13/17
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:	relations, or public relations services sess fee amount reported shall not be
a) Total of all fees received in this reporting period	a)\$ 19,000,00
 a) Total of all fees received in this reporting period b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar ye c) Total of all fees received to date 	b) \$ <u>43,000.00</u>
-,	c) \$ 62,000.00
(Add lines a and b)	c) \$ \(\Q \) \(\Q \)
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report in Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of less being lobbied, purchase of a ceremonial object given to a person being lobbie (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	elient and if expenditures are made by hay be filed for the lobbyist(s)/firm. aggregate total of all expenses paid epenses; (b) the aggregate total of all e: meals purchased during a business is than \$10 that is given to the person d with a value of \$25.00 or less); and rting period of greater than \$25.00 for the of greater than \$25, purchase of a r than \$25, but not greater than \$50, expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$
c) Total of all itemized expenditures reported in detail in section VI.	c) \$

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	f) \$
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm	n that the foregoing information
is true and complete to the best of my knowledge and belief.	
Signature of lobbyist). James M. Dewer	10/13/17 (Date)
(Signature of lobbyist)	(Date)
(Print Name of lobbyist)	